Name of Candidate or Elected Official

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance SUMMARY FORM 1

Please Print in Ink or Type.



20210819000406290 1/6 \$.00 Shelby Cnty Judge of Probate, AL 08/19/2021 02:33:38 PM FILED/CERT

ГРоппсагтапульаносжинавын---

| | County Division Code: AL040 |
|---|------------------------------------|
| | Inst. # 2021094999 Pages: 1 of 6 |
| ı | I certify this instrument filed on |
| | 8/16/2021 2:26 PM Doo: ELCADDE |

THIS AREA FOR OFFICIAL USE ONLY

Amended Monthly

Amended Weekly

| 3/16/2021 2:26 PM Doc: ELCAPF |
|-------------------------------|
| Judge of Probate |
| lefferson County, AL. |

of Report (check one)

Monthly

Weekly

Clerk: LYNN

| | 1/1/L ONF- | | | | | ionthly F | • | \ x // | 1_ | | |
|------|---|------|-------------|---------------------------------------|----------|---------------------------------------|--|----------------|----------|-------------------|----------|
| | ce Sought or Held (include district or circuit number, if applicable) | | | | | is filed. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (8/-) | | · | |
| | TRMINGHA CITY COUNCIL DISTUIT 3 | | | | | leekly R oof Friday | • | | 1 | | } |
| .3. | Iress Check box if reporting new address So Zorth Stratt South APT 102 | | | | week | for which is filed. | | 08/ | Z-0] ? | <u>-</u> | |
| City | State ZIP Code Telephone Nur 35205 (205)60 | mber | 4 | 1.17 | | Number s in Rep | | | | | |
| | | | | | | | , | | | | |
| | ummary of activity since last filed report | | | | | | | | | | 4 |
| 1 | Beginning balance (ending balance from previous filing) | | | | | | 1 8 | <u> 3.20</u> | | | _ |
| 1 | Cash Contributions | | | ., | | V | ¬ | :/ @ | | v | |
| 2a | Itemized cash contributions (total from Form 2) | 2a | \$ | · · · · · · · · · · · · · · · · · · · | 0.00 | | | ्प्र | | 966 67 61 | |
| 2b | Non-itemized cash contributions | 2b | Ť | 42 | 5.30 | <u> </u> | <u> </u> | · :- | | ч | ┨ |
| 2c | Total cash contributions (add lines 2a and 2b) | | • | | | 9 6 8 | 2c \$ | 1975 | .36 | \$0.00 | |
| | In-Kind Contributions | | | .i | | · · · · · · · · · · · · · · · · · · · | | | | | |
| 3a | Itemized in-kind contributions (total from Form 3) | За | | | | | | | | OFFICE | |
| 3b | Non-itemized in-kind contributions | 3b | | | | · · · · · · · · · · · · · · · · · · · | | ** | | | |
| 3c | Total in-kind contributions (add lines 3a and 3b) | 3c | | | | \$0.00 | <u>, </u> | » AUE | i 16 | 2021 | |
| | Receipts from Other Sources | | | · . . | | e « | | JAME | SP. NA | FTEL, II obate | |
| ŧа | Itemized Receipts from Other Sources (total from Form 4) | 4a | | | | | | <u>E.O.D.</u> | Ac or Li | onare | |
| 1b | Non-itemized Receipts from Other Sources | 4b | | | | | | 55 55 55 | | » ′ | |
| 1c | Total receipts from other sources (add lines 4a and 4b) | | | | | | 4c | | | \$0.00 | |
| | Expenditures | | | n N | <u> </u> | е Э 22 8 | | | | » | |
| ā | Itemized expenditures (total from Form 5) | 5a | ے ک | 5 34 | 4.9 | 6 | | ₩ | | | |
| 5b | Non-itemized expenditures | 5b | | | - | |] | ** | | « « | |
| 5C | Total expenditures (add lines 5a and 5b) | | | * | -3 | | 5c | 34 | 7.9 | Ø \$0.00 | |
| | Expenditures on Line of Credit | | | | | | | | • | | |
| Sa | Itemized expenditures (total from Form 6) | 6a | | | | | | 39 | | No. | |
| Sb | Non-itemized expenditures | 6b | | | | | | :, | | и ч э | |
| 3c | Total expenditures on credit (add lines 6a and 6b) | 6с | | | | \$0.00 | | | | _e ∈ e ∈ | |
| 7 | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | | | | | €: • | 7 | 4.62 | 2.6 | \$0.00 | |

Sworn to and subscribed before me this / 6

Signature of Notary Public

Print Notary's Name

AUGUST of the year 2021. My commission expires

day of JULY of the year 2025

As required by the Alabama Fair Campaign Practices Act, I hereby

swear or affirm to the best of my knowledge and belief that the

attached report(s) and the information contained herein are

true and correct and that this information is a full and complete

statement of all contributions, expenditures, and other required

16 AUG 21,

information during the applicable period of time.

Signature of Candidate or Elected Official

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 2: Contributions received by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL:

FORM REVISED 10.27.2011

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. SOURCE OF CONTRIBUTION (CHECK ONE) CONTRIBUTOR ADDRESS AMOUNT DATE (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo./day/yr.) 1300 2014 STREET SOUTH 3525 MIL JONES 08/09/2/\$1550.00 \$0.00 TOTAL CASH CONTRIBUTIONS THIS PAGE

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 3: In-Kind Contributions received by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

| | DO NOT LIST cash or loans on this | NATURE OF CONTRIBUTION SOURCE (CHECK ONE) (CHECK ONE) | | | | | | | | | | | | | |
|---------------------------------|---|---|-------------|-------------------------|-----------|------|------|----------------|-------|--------------------------|---|------|-------|--|------------------------|
| (INCLUDE FULL NAME) | ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | Administrative | Advertising | Consultants/ Polling | Equipment | Food | Rent | Transportation | Other | Business/ Corporation | I | PAC | Other | DATE CONTRIBUTION RECEIVED (mo./day/yr.) | AMOUNT OF CONTRIBUTION |
| | | | | | | | | | | | | | | | |
| 2021081906 She1by Cn | | | | | | | | | | | | | | | |
| 1900406290 3/6 Cnty Judge of | | | | | | | | | | | | | | | |
| Probate, AL | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | T | | <u> </u> | <u> </u> | | | | | | | \NIC | | IIS PAGE | \$0.0 |

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 4: Receipts from Other Sources loans, interest, and other sources of income



NAME OF CANDIDATE OR ELECTED OFFICIAL: _

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

| SOURCE OF RECEIPT | ADDRESS | 1 | FORI REC | M EIPT | COMPLETE THIS BLOCK IF RECEIPT IS A LOAN | R | ECEI (CH | PT S | | | DATE | AMOUNT |
|---------------------------------|---|---|-------------|--|--|---|-------------|----------|-------|---------------------------|--------|------------|
| (INCLUDE FULL NAME) | (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) [FCPA REQ 日本 PLETE ADI | | GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN] | Lending Institution PAC | | Individual | Business | Other | RECEIVED (mo./day/yr.) | | |
| | 3 1 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 20210819 Shelby (08/19/2 | | | | | | | | | | | | |
| mty Judge 21 02:33 | | | | | | | | | | | | |
| 0 4/6 \$.00 e of Proba | | | | | | | | | | | | |
| ate, AL ED/CERT | | | | | | | | | | | | <u> </u> |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | . <u> </u> |
| FORM REVISED 10.27.2011 | TOTAL RECEIPTS THIS PAGE | | | | | | | | | | \$0.00 | |

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 5: Expenditures by candidate or elected official





When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

| | | | | | Pl | JRPO | | OF EX | | DITU | RE | | |
|---|---|----------------|-------------|-------------------------|----------------------------|------|-------------|-------------------|------|----------------|---------------------------------|---|-----------------------------|
| PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) | ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | Administrative | Advertising | Consultants/ Polling | Charitable Contribution | Food | Fundraising | Loan Repayment | ging | Transportation | OTHER GIVE BRIEF EXPLANATION | DATE OF EXPENDITURE (mo./day/yr.) | AMOUNT OF EXPENDITURE |
| THE UPS STORE | 1116 207H STS 1344AM AL 35205 | | | | | | | | | | | 08/19/21 | \$10.00 |
| THE UPS STORE | 1116 20TH STS BHAM AL 35205 | | | | | | | | | | | 09/11/21 | \$16-50 |
| THE UPS STORE | 1116 ZOTH ST S BIHAM AL 35205 | | | | | | | | | | - | 09/12/21 | 633-60 |
| THE UPS STORE | 116 20TH STREET SOUTH BIHAM AL 35205 | | | | | | | | | | | 08/13/21 | \$69-30 |
| THE UB SORE | 116 2074 STS BIHAM AL 35205 | | | | | | | | | | | 09/14/21 | \$538.56 |
| VISTA PRIM | 275 KYMAN STREET WALTHAM, MA 02451 | 4.2 | | | | | | | | | | 08/14/21 | \$ 77.00 |
| | 202108 She1by 08/19/ | | | | | | | | | | | | |
| | 190004062 Cnty Juc 2021 02:3 | | | | | | | | | | | | |
| | 290 5/6 \$ dge of Pr | | | | | | | | | | | | |
| FORM REVISED 10.27.2011 | Obate, AL | | | | Ţ | ATC | \L | EXF | PEN | DIT | URES THIS | PAGE | \$1344\$0-006 |

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 6: Expenditures On Line of Credit by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

| | | | PURPOSE OF EXPENDITURE (CHECK ONE) | | | | | | | | | | | |
|--|-------------|--|---------------------------------------|-------------|-------------------------|--------------|------|-------------|---------|----------------|----------|---------------------------------|---|-----------------------------|
| PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) | | ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) The street of the street | | Advertising | Consultants/ Polling | Contribution | Food | Fundraising | Lodging | Transportation | Interest | OTHER GIVE BRIEF EXPLANATION | DATE OF EXPENDITURE (mo./day/yr.) | AMOUNT OF EXPENDITURE |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 20210819 20210819 Shelby C | | | | | | | | | | | | | | |
| 20210819000406290 6/6 \$.00 Shelby Cnty Judge of Probate, 08/19/2021 02:33:38 PM FILED/C | | | | | | | | | | | | | | • |
| 0 6/6 \$.0 e of Prob | | | | | | | | | | | | | | |
| Jate, AL LED/CERT | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| FORM REVISE | D 5.19.2017 | | | | | T(| OTA | \L E | EXF | EN | DIT | URES THIS F | PAGE | \$ 0.00 |